certificate

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons entired 6 yrs). whatever, write None. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Furm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of Physician, Compositor, Architect, Foremun, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Salesman. Locomotive engineer, (b) Grocery;

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> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart etc. The contributory disease;

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If death occurred to

a hospital or institution. give its NAME Instead of street and number. I

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Furmer or Planter, Physi-For many occupations a single word or term on the write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," Women at home, who are engaged in At home. Care should be If retired from (b) Auto-

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nephrilis, etc. ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of..... surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless cough; Chronic valvulur hourt disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "PUERPERAL septichaemia," (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull to determine definitely. "PUNRPERAL perilonitis," etc. Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver Examples: Accidental drowning; "Uraemia," "Weakness," State cause for which important. nound.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH (18)	1 62
County Carroll	Registration Dist. No.	74
Village or City Syftes Vill Length of residence in city or town where death occurred vrs. mos	death gradured in a hospital or institution, give its NAME, instead of street at 12 ds. How long in U. S. If of foreign birth? yrs.	
2. FULL NAME Ella M. Both (a) Residence: No. 402 Luman Place, Cumbert		mos, .ds.
(Usual place of abode)	If nonresident give city or town a	A DECEMBER OF THE PARTY OF THE
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
5. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Marth) (Day)	, 193 / (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attend	ed deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Monthy Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	; death is said
8. Trade profession or particular	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pellegra	Nov. 1938
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Oh. C. All C. All	0 * * * * * * * * * * * * * * * * * * *
12. BIRTHPLACE (city or town) Cumples Cond, Mill (State or country)	Other Contributory Causes of Importance: Agricated delevium -	111
13. NAME George Hack	aguares our con-	July 6 - 1931
13. NAME Lengy Back 14. BIRTHPLACE (city or town) Cumbaland	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there a	
15. MAIDEN NAME Barbara O'Baker 16. BIRTHPLACE (city or town) Country (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the follow Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT LOTA: Pleased, Symunile, Mid	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE,
18. BURIAL, CREMATION, OR REMOVAL Date July 18 1931	Manner of injury	
19. UNDERTAKER A see voor Due (Address) Sykesnelle and	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED July 15, 1931 Pharry Weer Registrar.	(Signed). Johns L. Wilherd Rodress) S. E. Horp., Experiell,	Ud. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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705 700			

number.)

DATE OF BURIAL

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

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A te t	STATE OF MARYLAND—	CERTIFICATE OF DEATH 080	4
infor state UPA	1. PLACE OF DEATH	(82:d)	
of of occ	County Carvell	Registration Dist. No.	
item of should of OCC	Village or City Chuon Various	NoSt., death occurred in a hospital or institution, give its NAME instead of street and num	uo Ward
A is in	17/2	ds. How long in U.S. if of foreign birth?	
Every CIANS ement	2. FULL NAME The Cla Collins 13	and the state of t	n ansvere boweve
OKE. Every PHYSICIANS oct statement	(a) Residence: No.	St., Ward.	who ho
PHY ct s	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Sta MEDICAL CERTIFICATE OF DEATH	ite
r R.Y.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward)	21. DATE OF DEATH July 20	93 \$\int_{}
MANENT ACTL assified.	5a. If matried, widowed, or divorced HUSBANO of (or) WIFE of		(Year)
F SK2	6. DATE OF BIRTH (month, day, and year) Opril 2 18% 3	I last saw h. Let alive on July 20, 1931; d	death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Oays If LESS than 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	of the machin
- 00	8. Trede, profession, or particular kind of work done, es SPINNER,	Thursday arterio	926
VE TI	Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. June Journe	William - Con	incan-
INE INE E sh t it	11. Total time (years) this occupation (month and 1)		-q-mf T -
N. A. So t	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	1/4/13/
UNFADI UNFADI supplied.	13. NAME Danuel Collins	Concle Treemon	7/1010/2/31
D up t		Name of operation Oete of	1
H -= 70	(otate of country)	Whet test confirmed diagnosis? Was there en auto	opsy?76
carefully FH in pla	15. MAIDEN NAME Lydia a doubles	23. If death was due to external causes (VIOLENCE) fill in also the following:	Other .
	O 16. BIRTHPLACE (city or town) The Control of the	Accident, suicide, or homicide? Oate of injury	Gallston
A B C v		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE	
E S E	Blood West alang 3 181	Manner of Injury	
WRITE mation s CAUSE TION is	19. UNOERTAKER M. G. CLEAGE HOLL (Address) Paris March M. C.	24. Was disease or injury in any way related to occupation of deceased?	no
N. B.	20. FILEDULY 2 1, 1931 Loses 2 Replanter	(Signed) Als March (Address) Wewww. 7	2.M.D.
	If more blanks are peoded address Seate Parish as	N. Challes A. P. Line B. W. C. M.	-

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Other contributory causes of importance:		Other contributor causes of importance:		
Gollstones	May 1,1923	Gastroenteritis & A	1 year	
		- W		

ADDITIONAL SPACE FOR FURTHER STATE BY PHYSICIAN

S

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> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY approved by Committee on (Recommendations on statement of cause of death American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease valvular heart disease; etc. Nomenclature The contributory Meusles ; not be etc., of

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Carroll Md. Tuberculosis Sanatorium. Registration Dist. No. 74 (Colored Branch) operly classifi Village or City Henryton St.: Ward) a (If death occurred In a hospital or institu-tion, give its NAME in-stead of street end 2FULL NAME Effie Burnside PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED, July 2, I93I. 192. WIDOWED. WIDOW OR DIVORCEDIDOW (Write the word) Colored Female NIONIA (Month) (Day) (Year).... I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH 1931 192 . July 2, 1931 192 July 23, 1883. that I last saw her alive on July 2, 1931 (Day) (Year) IIf LESS than 7 AGE I day hrs. RESERVED Pulmonary Tuberculosis (a) Trade, profession or Domestic particular kind of work a (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) South Carolina. 10 NAME OF (Signed). FATHER Sanford Coleman 7/2/3I. 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) South Carolina 12 MAIDEN NAME œ OF MOTHER Rhena Vance state lents or Recent Residents) 13 BIRTHPLACE OF MOTHER South Carolina (State or Country) 0 Where was disease contracted, if not at place of death?..... shoul 14 THE ABOVE IS TRUE TO THE usual residence... John E. O'Neill (Informant) Every it CIANS stateme Henryton, Md. Filed 7/2/3I. Registrar

(Address) Henryton

DATE OF BURIAL

number.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-

Baltimore. Md.

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Jequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery, (re

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart discase;

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V. S. No. 1

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-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
Ver	A	tate
III		00

	PLACE OF DE				STATE OF MARYLAND
	County]	Marylan	d Tuber	CERTIFICATE OF DEATH culosis Sanatorium Dist. No. 74
Vil	llage or City Henr	yton, Md Grace	(No	olored H	St.: Ward) (If death occurred in a hospital or institu-
=	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
		om od	SINGLE, MARRIED, WIDOWED, OR DIVORCE Write the word	arried	16 DATE OF DEATH July 9, 1931 , 192
6 1	JU	me 18, 19			Tage, I HEREBY CERTIFY, That J attended the deceased from July 9, 1931, 192, that I last saw her alive on July 9, 1931, 192,
7 4	AGE 21	(Month)	(Day)	(Year) If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 1.30 PMm. The CAUSE OF DEATH * was as follows:
1 P X	a) Trade, profession of articular kind of wor b) General nature of business, or establishm which employed or (employed or (employed or (state or country)	industry ent in			(Duration) 1 8 9 ds. Contributory Secondary
	10 NAME OF FATHER		n Banton	1	(Signed) Henryton Md
ENTS	11 BIRTHPLACE OF FATHER (State or country)	Maryla	and		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER	Gertru	ide DeBo	dis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	Penna		-	At place O yrs. 10s 24 ds. In the 21 yrs. O mos. 21 ds. Where was disease contracted?????
14 1	(Informant)	THE BEST OF	10 Te	EDGE (former or Still Pond, Md.
	(Address) He	nryton, 1	id:		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Salisbury Red. July 12, 1931
15	Filed 7/9/31	192 Ku		Neece Registrar	20 UNDERTAKER SADDRESS VIEW Sow Sykewille
	If mor	e bianks are nee	ded, address	state Registrar	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cascs, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scivant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material not gainfully em-(6) Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease letanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death Whooping unqualified, is indefinite); Tuberculosis of lungs, menresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The valvular heart disease; Nomenclature of the contributory not be

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V. 8

IARGIN RESERVED FOR BINDING

County Carroll			Registration Dist. No. 21	5
Village or City It riefield	= 07:4. D. Mo	od Norice	on, give its NAME instead of street and	Laurah
Length of residence in city or fown where death			foreign birth?yrst	
2. FULL NAME Clements	ne Conam	M		
(a) Residence: No.		St., Ward.		
DEDCONAL AND CTATICTICS	(Usual place of abode)	MEDICAL CE	If nonresident give city or town an ERTIFICATE OF DEATH	d State
PERSONAL AND STATISTICA 3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	ERTIFICATE OF DEATH	0
Finale White	OR DIVORCED (write the word)		(Month) (Day)	. , 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Consevas		CERTIFY, That I attended	d dece
6. DATE OF BIRTH (month, day, and year) 18 4	1-8-23	I last saw h 2 2 alive on	July 19th 193/	; de
7. AGE Years Months	Days If LESS than	to have occurred on the date states	labove, at 9,50 a.m.	
89 10	27 1 day, hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes of Importance	Da
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	1 home	11+		
9. Industry or business in which		Untersopera	Coses	
work was dona, as SILK MILL, SAW MILL, BANK, etc.			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
1D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	vosupation	Other Contributory Causes of impo	rtance:	
12. BIRTHPLACE (city or town) - Maryles (State or country)	and.	Paraly		
13. NAME Jom. Hanso	w Jum,	7		
14. BIRTHPLACE (city or town)		Nama af operation	Date of	
(State of country)	yland.	What test confirmed diagnosis?	Was thera an	autop
15. MAIDEN NAME & Michilas	selly.	23. If death was due to external cau	ses (VIDLENCE) fill in also tha following	ng:
16. BIRTHPLACE (city or town) - William (State or country)	Marild.		Data of injury	
17. INFORMANT Odin. D. K	conavay,	Specify whether Injury occurred in	(Specify city or town, county and St INDUSTRY, in HOME, or In PUBLIC P	ate)
(Address) Hoodbin	ce, mil			
18. BURIAL, CREMATION, OR REMOVAL Place Personal Cunty	Date July 27, 1031	Manner of injury		
19. UNDERTAKER 6. M. Make (Address) Fin Field	By and		ay ralated to occupation of deceased?	
(Address) Anti-	2 7 /6 1'a	If so, specify (Signed)	Co. Olitely	
20. FILED/ 1111/11/195/195/195/195/195/195/195/195/	a M. Hewell	(Address) New	Windson My	./

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of conset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V.S.	10		
	9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Hospitals, Institutions, Trans-In the At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?.... Former or

er accelere

(If death occurred in

of street and

a hospital or institution, give its NAM'E is -

(Day) (Year

DATE OF BURIAL

ADDRESS

stead

number.)

(Address

OF MOTHER

(State or country)

needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.Ao. 1.

usual residence...

20 UNDERTAKER

19 RLAGE OF BURIAL OR REMOVAL

KNOWLEDGE

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Semant, Cook, Housemaid, et . If the occupation has been changed ployed, as At school, or At home. Care should be takendefinite salary household only not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laboxer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil angineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Juliness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The material , may be entered as Housewife, House-(a the kind of work and also (b) the (a) Salcsman. (6) Grocery;

Statement of Cause of Death—Name, first, the disease of Death—Name, first, the disease of Death—Name, first, the disease are viving death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia "Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perdonitis," etc. "Ezhaustion," "Heart Lanue," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Taemorrhage," stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valeular heart disease; etc. The contributory

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FOR BINDING

IARGIN RESERVED

V. S. No. 1 B

1. PLACE OF DEATH County Clay all Village of Gify Met. Olive, = P. f. D. Met. Clane Length of residence in city or town where death occurred yrs. mos. Length of residence in city or town where death occurred yrs. mos. 2. FULL NAME (If death occurred in a hospital or institution, give its NAME instead of street and number of street and nu	State 193 / (Year)
Village of City Nut. Oliver — P. J. M	State 193 / (Year)
(If death occurred in a hospital or institution, give its NAME instead of street and nu Length of residence in city or town where death occurred yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OK MYORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of HUSBAND o	State 193 / (Year)
Length of residence in city or town where death occurred yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) NIGHE, MARRIED, WIDOWED, OK DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (Oay) 1. HEREBY CERTIFY. That I attanded decomposition in U.S. if of foreign birth? yrs. mos. (Usual place of abode) St., Ware. (Usual place of abode) St., Ware. (Usual place of abode) If nonresident give city or town and St. MEDICAL CERTIFICATE OF DEATH (Month) (Oay)	State 193 / (Year)
2. FULL NAME (a) Residence: No. (Usual place of abyde) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OK DIVORCED ("write the word) 5a. If married, widowed, or divorced HUSBAND of 1. HEREBY CERTIFY. That I attanded defined to the state of the standard of the stan	State 193 / , (Year)
(a) Residence: No. (Usual place of abyde) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OK INVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 10 22 1. HEREBY CERTIFY. That I attanded decompositions are supported by the support of	193./ (Year)
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OK INVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of COLOR OF RACE 1. DATE OF DEATH (Month) (Oay) 1. HEREBY CERTIFY. That I attanded decreases the standard of the standa	193./ (Year)
3. SEX A. COLOR OR RACE OK MYORGED (write the word) 5a. If married, widowed, or divorced HUSBAND of OA 10 A 22 LHEREBY CERTLEY. That Lattanded decompositions are supported by the content of the	leceased from
Male White OK DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND-of 10 11 12 11 12 12 11 11 12 12	leceased from
HUSBAND-ef 22 I HEREBY CERTIFY. That I attanded d	
19 to	, 19
6. DATE OF BIRTH (month, day, and year) /857-6-40 I last saw h allve on	death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	
or	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, furnism, and the SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oata deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) many land, Other Contributory Causes of importance: (State or country) Many land, Corona	
M / / /	Y
13. NAME 14. M. H. Dampsey - Name of operation Oate of Oate of	
(State or country) Many Country What test confirmed diagnosis? Was there an au	itopsy?
15. MAIDEN NAME (unclinable. Daors) 23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME (suching to down) 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (suching to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?	
(Specify city or town, county and State) 17. INFORMANT Mrs. M. G. Africker, Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAN (Address) Put. arx 1921	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Place Natura of Injury Natura of Injury	
19. UNDERTAKER 6. M. Half, 24. Was disease or injury in any way related to occupation of deceased? [Address] Thurfold, Mid., If so, specify	
20. FILESkelf 25, 1931 Am D Suey der (Signed) Klauly Turany 7	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. pe mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

STATE O	MAKILAND	CERTIFICATE OF DEATH	10001
1. PLACE OF DEATH		82-20	. /
county learnall		Registration Dist. No.	TH
Village or City Sy Kesti		No. Afring field State How	Satal Ward
Length of residence in gity or town where de	5 (11	death occurred in a horpital or institution, give its NAME instead of a ds. How long In U.S. if of foreign birth? yrs.	treet and number)
	ath occurred yrs mos		mos
2. FULL NAME James	11. NCOK		001 1
(a) Residence: No. 0 6	Kson	St., Ward. Londeoning,	Md.
	(Usual place of abode)	If nonresident give bity or	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DE	ATH
3. SEX 1. COLOR OR RACE White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 72	, 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of	-0 '		
(OF) WHEE OF Elizabeth	Diek	Jan 16 July 1931 to July	- Tel 3.
6. DATE OF RIRTH (month, day end year) No	1. 6, 1887.	I lest saw harm elive on July 7 mg	, 1931 , death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 9. a.m.	, 15 V t ; death is said
43 7	/ I day hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importa	ance
	26 ormin.	were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Je SAWYER, BOOKKEEPER, etc.	le avable Odo rator	la colored to	1001
9. Industry or business in which	T Govern	GETTE VANNOTTICE	1926
work was done, as SILK MILL, SAW MILL, BANK, etc.	enkrown		
kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end year)	11. Total time (years)		
year) Jung 1926	spant in this rent		
12. BIRTHPLACE (city or town) unter	bun.	Other Contributory Canses of Importance:	
(State or country) allique	bo md	apoblessi	July 1/3
W 13. NAME Navia Dies	k	J	
13. NAME A SUR 14. BIRTHPLACE (city or town)	A PUT	Name of operation Mane	D-A4
14. BIRTHPLACE (city or town) Scotl	and	DI.	Date of
15. MAIDEN NAME Elizabeth	Luine		there an autopsy? Ha
ĬĮ.	Y A 4	23. If death was due to external causes (VIOLENCE) fill in also the	
S (State or country)	land	Accident, suicide, or homicide? Date of injur	y, 19
81 . 0.0.	1. 1. N. 1:1. (P.	Where did injury occur? (Specify city or town, count	y and State)
17. INFORMANT Angleta (Address) Ly Kesville	take Howsited Keers	Specify whether injury occurred in INDUSTRY, in HOME, or in Pi	JBLIC PLACE.
18 BORIAL CREMATION, OR REMOVAL	nca.	***************************************	
Lossaconing Ma	: Date July 5 1931	Manner of injury	
Mr. Mariana	0	Nature of injury	OK A
19. UNDERTAKER		24. Was disease or Injury in any wey releted to occupation of dece	ased?
(Address)	in such	If so, specify The following	ma
20. FILED 114 V, 1931 CF	Jarry Weer	(Signed) The Moragovic Trus	M. D.
0	Registrar.	(Address)	
76 (1	lambs and under all all a Contr. D	NO L C. DIII D. GLON	

CTATE OF MADVI AND CEDTIFICATE OF DEATH ACCOUNT

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none. Louconey rud

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	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 uhj 5,1927	1921 Run over by street ear uly5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State

יייעוי	CERTIFICATE OF DEATH 00002
9	Registration Dist. No. 7.4
(If	ND. A Prince Field State Ho Skilal Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds How long In U.S. if of foreign birth? yrs. mos. ds.
RO	W
	St., Ward. Frederice (Maryland. If nonresident give city or town and State
S	MEDICAL CERTIFICATE OF DEATH
WED, word)	21. DATE OF DEATH July 12th 1933/ (Year)
	22. I HEREBY CERTIFY. That I attended deceased from aug - 23 25 19/5 to July - 12th 19 31
3	Hast saw ham alive on July 12th, 1931; death is said
S than	to have occurred on the date stated above, at 7.23 P. m.
min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Valvular HEart Science Date of onset
/	(aortie Insufficiency) 1930
15	
	Other Contributory Causes of importance:
us.	arteriosclerosis 1930
ty	Name of operation. **TOTE Date of What test confirmed diagnosis? **Stelluture of same West here en aulopsy? **LO** **TOTE Date of **TOTE Date Date of **TOTE Date Date Date Date Date Date Date Date
u	23. If death was due to external causes (VIOLENCE) fill In also the following:
4	Accident, suicide, or homicide?
orp	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
13/	Menner of injury
u	24. Was disease or injury in any way related to occupetion of deceesed?
	If so, specify Tolan Norfolk Mome
w	(Signed) M. D.
gistrar. Registrar	(Address) Abrus field state Horfo
Regultrar.	2411 IV. (pariet Airest, Baltymore, Requesting "() A. Na V

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	16
Gallstones	May 1,1923	Gastroenteritis	1 year

Mr Dutro	w wa	s dier	obing to	repairing.	to rete	re to
	1	A		cowing		
to dest si	le 17	Face or	a cheer	1.		

V. S. No. 1

19. UNDERTAKER

of infor-

	STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	S		
1. PLACE O	F DEATH		<u>(83)</u>	27		
County_ C	arroll		Registration Dist. No.	4.		
Village or	0-1-0-27	le Sprin	gfield State Hospital	Ward		
		= 1 (11	death occurred in a hospital or institution, give its NAME instead of street and	number)		
	sidence in city or town where ME George W		ds. How long in U.S. if of foreign birth?yrsr	10s ds.		
	nce: No.731 Dale		St., Ward. Hagerstown, Md. If nonresident give city or town an	d State		
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male	4. color or RACE White	5. SINGLE, MARRIED, WIDOWED, MORTHURGER (write the word)	21. DATE OF DEATH July 5, 1931	, 193. (Year)		
in the street in			June 3, 1931, 19 July 5, 1931, 19			
			I lest saw him alive on July 5, 1931 19 death is said to heve occurred on the dete steted above, at 7.25 Pm. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset			
			9 Industry or work w	business in which es done, es SILK MILL, RA LL, BANK, etc.	ilroad	Insane
fO. Date decee this occ yeer)	sed last worked at upation (molified 10,	1931 Total time (years 30 yr	S			
2. BfRTHPLACE (c	ity or town) Unknow	n	Other Contributory Causes of importence:			
	eter Eissne	r				
	E (city or town) Germa		Name of operation	autopsy?		
15. MAIDEN N	AME Tilly Sei	bert	23. If deeth was due to externet ceuses (VIOL ENCE) filt in also the following			
16. BIRTHPLAC	E (city or townPennsy	lvania	Accident, suicide, or homicide? Dete of injury			
7. INFORMANT Springfield State Hospital (Address)			Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.			
8. BURIAL, CREMATION, OR REMOVAL HARDON TO 1931			Menner of Injury			

Registrar.

If so, specify (Signed)

24. Was disease or injury In any way related to occupation of deceased? NQ

Sy puville, Mid

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			Registration	Dist. No.	78
No.				St	.,Ward
				1E instead of street	
	now long in	10.5.11 01 11	preign birth?	yrs	mos ds.
4	*******				
st.,	Ware.		16	it give city or tow	
N Wild Jan	MEDIC	CAL CEL		E OF DEAT	
21. DAT	E OF DE		7	- OI BEAL	
			uly	100	, 193 /
			(Mogen)	(Day)	(Year)
22.	HEF	EBY	CERTIF	Y, That I atte	ended deceased from
	Jaly	10 7,19	3/ , to.	July 10	ended deceased from
I last saw	hali	ve on		, 19.	; death is said
			bove, at		
The PRIN were as f	ollows:	1 -1		ses of importance	Oate of onset
	Na	ella	opu		Uate or onset

Other Con	atributory Caus	es of importa	nce:		
-	peration			Dete	
					e an autopsy?
				fill in also the fol	
				. Date of injury	, 19
	linjury occur?		(Specify city of	r town, county an	d State)
Specify w	hether injury o	ccurred in 11	NDUSTRY, in H	OME, or In PUBL	IC PLACE.
	f Injury				
		in any way	related to occu	pation of decease	d?
	cify	# 1		7.7.1	
(Sign	(Address) £	Then		0 7	M. 0.
NT (2)			estino 9) S. No		- Mu

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Other contributory causes	of importance:		Other contributory causes of importance:	
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

PLACE OF DEATH	08086 STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Wellminus - 2FULL NAME GEorge all	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, M WOLL OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 (Month) 7 (Day 9 7 (Year) 5/ 17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year	7 - 21 - 1931. to 7 - 27 - 1925, that I last saw halive on 7 - 21 - 1931.,
If LESS the last have the last	irs. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry Susiness, or establishment in	miknow
which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country)	Contributory Suam Million Secondary Regulation
10 NAME OF FATHER	(Signed) (Durality of June 1908 de.
JI DIDTUDI ACE	7-27 198 (Address) Washinske
OF FATHER (State or country) Thargland	*State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Darah & Hook	16 LENGTH OF RESIDENCE (For Hospitale, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs mos. ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Benyamine Sock	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oul 39. 1931
(Address) Wiskminghe md	20 UNDERTAKER ADDRESS
Registrar	(HI) embard & Son Oyashminda
If more bianks are needed, address State Regist	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, Housetired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Groccry; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease is causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Synhold fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary unqualified, is indefinite); Tuberculosis of lungs, mencough; or intercurrent) Chronic valuular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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tired 6 yrs. state occupation at beginning of illness. If retired from er," etc., additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvont, Cook, ployed as At school, or At home. Care should be taken definite salarv, may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, that fact without more precise For persons who have no occupation (b) Automobile factory. The material may be indicated thus; Former (re-Laborer-Coal mine, etc. Wom-Salcsmon. specification as duties of the (b) The ques-Grocery, Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicacmia," "PUERPERAL perilonilis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Whooping cough; Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "Heart failure," Chronic valvular heart disease, Example: Meusles (disease "Senile," etc.), "Drcpsy, failure," "Haemorrhage, etc. The Nomenclature of the contributory Measles; not be

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V. S. No. 1

1PLACE OF DEATH	08038
	STATE OF MARYLAND
County Tarroll	CERTIFICATE OF DEATH
4-1	Registration Dist. No. 7/
Village or City (Mo. No. 30:	St.: Ward) (If death occurred a hospital or instition, give its NAME stend of street a
2FULL NAME (Susan Sufal	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
Doc 22 - 1845	June / 100/ 100 July 5 , 108
(Month) (Dsy) (Year) 7 AGE [If LESS than	that I last saw held alive on 198
Styrs. 6 mos. 15 ds. or min.	. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	feet, couring her to fall and fraction her his curs
(b) General nature of industry	That Man July 1
business, or establishment in which employed or (employer)	(Duration) yrs. mos.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Jacob Hahr	(Signed) Omny Markey M.
OF FATHER (State or country)	Actate the Discusse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary ann Rudoll	E LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs
14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) John & Halle	Former or usual residence
(Address) Westingto and PS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed July 9 193 / Margart P. Englar	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise speciments. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Locomolive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

20. FILED ...

	- Registration Dist, Hot	
Noh occurred in a hospital or institution	on, give its NAME instead of street and n	Ward umber)
ds. How long in U.S. if of	foreign birth?mo	s ds.
noud.		
St., Ward.	If nonresident give city or town and	State
MEDICAL CE	RTIFICATE OF DEATH	
. DATE OF DEATH	Monthly = 19 =	193 / (Year)
IHEREBY	CERTIFY. That I attended	deceased from
7-19	1931 10 7-19-	19-3-/
last saw h. Lown alive on.	7-19- 1931	; death is said
hava occurred on the date stated		
	and related causes of Importance	
ere as follows:		Date of onset
n	6	
Paralyses	(Derbert Hemont	
(Cerebral)	hemorrhoge)	
ther Contributory Causes of impor	tance:	
artin	Selevores	
leme of operation	Date of	
What test confirmed diagnosis?	Was there an a	utopsy?)
	ses (VIOLENCE) fill In also the following	
	Date of injury	, 19
	· · · · · · · · · · · · · · · · · · ·	, 20
Where did injury occur?	(Specify city or town, county and Stat	e)
Specify whether injury occurred in	INDUSTRY, in HOME, or in PUBLIC PL	ACE.
Manner of injury		
Natura of injury		*****
	ay related to occupation of deceased?	Zum
If so, specify	, , , , , , , , , , , , , , , , , , ,	1.11
	1. Lena	d M.D
(Signed)		
(Address)	mon Jany	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
BEFFA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

2 FULL NAME Samuel D. Heltibridle steam	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE	EATH
PERSONAL AND STATISTICAL PARTICULARS BESX A COLOR OR RACE SINGLE, WIDOWOED, MARRIED, WIDOWOED, MARRIED WITOWOEED (Wite the word) TO AGE OCCUPATION (Conti) ODAY) TAGE OCCUPATION (A) Track, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BEST OF FATHER (State or country) OF FATHER (State or country) OF MOTHER (State or country) OF MOTHER (State or country) I SIRTHPLACE OF MOTHER (State or country) I SIRTHPLACE (State or country) I	mos da.
Filed ung 3 193 / Marguretti Sugar 20 UNDERTAKER Registra, 16 W. Seratoga St., Balto, Requesting V. S. No.	ney town, w

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the eupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that faet may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serund, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons enetr., For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. Locomolive engineer, But in many (b) Grocery, material

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosyinal meningitis"; Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); "obser pucunonia Browshopneumonia ("Pneumonia.")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis, telunus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all causing use of "Tumor" for mulignant neoplasms); approved by Committee on as fracture of skull, and consequences (c. g., sepsis. carbolic acid-probably smaide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-(secondary or intercurrent) affection need Whooping inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Conva," "Convulsions," death), 29 ds.; Bronchopmoumonia (secondary), interstitial nephritis, cough; Chronic Carcinoma, etc. valvular heart Nomenclature The contributory Sarcoma,, etc., of Measles ; not be disense;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Runger by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritoritis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1933	Other contributory causes of importance:	1 year
		TO TO	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING PERMANI IS A FOR TH UNFADING INK--THIS MARGIN RESERVED WRITE PLA

V. S. No.

N. B.

		18094		
	PLACE OF DEATH	STATE OF MARYLAND		
	County Carroll	CERTIFICATE OF DEATH		
	Maryland Tubercul	osis Sanatorium Registration Diet. No. 74		
Vil	llage or City Henryton, Md (No. Colored	Branch St.: Ward) (If death occurred in a hospital or institution, give its NAME in		
	2FULL NAME William Leak	stead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	4 COLOR OR RACE SINGLE, Single MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	July 9, 1931 , 192		
6 1	DATE OF BIRTH	(Month) (Day) (Year) (Year) (Year) (Year) (Year)		
	July 6, 1931 , 1	July 6, 1931 192 July 9, 1931 192		
-	(Month) (Day) (Year	that I last saw h imalive on July 9, 1931, 192		
7 /	AGE If LESS the I day have have have have have have have have			
8 0	OCCUPATION			
P	a) Trade, profession or Laborer			
b	b) General nature of industry	(Durstion) yrs mos de		
7	which employed or (employer)	Contributory		
9 E	(State or country) South Carolina	Secondary		
	10 NAME OF FATHER William Leak	(Signed) May Mer 18 M. D.		
ENTS	OF FATHER (State or country) South Carolina	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
ARE	of Mother Hester McClure	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-		
о.	13 BIRTHPLACE OF MOTHER (State or Country) South Carolina	At place O mos. 3 ds. In the 15 6 ode of death yrs. mos. de.		
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted ?????		
	(Informant) Robert L Leak	Former or Perrymans, Harford Co., Md.		
		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
-	(Address) Henryton, Md.	- aherdeen My July 12, 193/		
15	Filed 7/9/81 192 The Local Registrar	Lenny January Son Chedien ma		

If rece bianks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Loy loborer, Form loborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on Stationary firemon, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Careinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. "Inanition," "Marasmus, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic " "Old Age, " "Shock," etc. volvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARY	I AND-	CERTIFICATE OF DEATH	193
1. PLACE OF DEATH County Carrol Sykesville			Registration Dist. No.	4
Jeach T	_	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and no. ds. How long in U.S. if of foreign birth? yrs. mos	
(a) Residence: No.			altimore ward.	State
PERSONAL AND STATISTIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5	, single, marri Ma di Yorced Ma di Yorced	IED, WIDOWED,	21. DATE OF DEATH July 22, 1831	193 (Year)
5e. If merried, widowed, or divorced HUSBANO of Mrs. Lillie L (or) WIFE of Mrs.	evy		22. I HEREBY CERTIFY, Thet I attended of	
6. DATE OF BIRTH (month, day, end yeer NOV •	15, 18	371	Sept. 21, 1929 19 10 July 21, 1 Ilast saw h-im alive on July 21, 1931 19	
59 8)	1 day,hrs. ormin.	to have occurred on the date stated above, at5 - 25 A - m. The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:	Date of onset
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman 9. Industry or business in which Clothing			Myocarditis, Chronic, Nephritis, chronic interstiti	al, ?
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	11. Total tim	ne (years) ?		
12. BIRTHPLACE (city or town) New Yor (State or country)	k		Other Contributury Causes of importence: -Manic-depressive-psychosis,	
13. NAME Isaac Levy 14. BIRTHPLACE (city or town) Russi	8		Hernia, Scrotal,	
(Stete or country) Late of several series of the series o	/	uknown)	Whet test confirmed diegnosis? Wes there en et	
16. BIRTHPLACE (city or town) Russia (State or country)			23. If deeth wes due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? ————————————————————————————————————	, 19
Hospital Reco 17. INFORMANT Springfield S		spital	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	
18. BURFAL CREMATION, OR REMOVAL	Oete Jul	423,1931	Menner of injury	
19. UNOERTAKER (Address)	wi	- mel	24. Wes disease or injury in any wey releted to occupation of deceased?	
20 5450 hales 2700 31 Cel	laure	Wew	(Signed) John Norfolk Morres	M. D.

Registrar. (Address Spring Field No. 1. 18 te le l'année blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. 12 te

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RURLAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA-

BINDIN

FOR

RESERVED

HEALTH DEPARTMENT-

lCIANS should tement of OCCU	OF DEATH	verell CERTIFICAT	(If death occurred in a hospital or institution, give its NAME instead of street and
(a) RESI	DENCE NO		number.) ST., WARD (If non-resident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERS	ONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTI classified.	4 COLOR OR RACE	5 Single, Morrled, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) 7/3/3/ 17 1 HEREBY CERTIFY, That I attended deceased from
HOSBAN (or) WIF	E of	May 21 1031	that I last saw h alive on 7/31/37 19
d od pluode of back of	IRTH (month, day, and Years Moath		
S OCCUPATION (a) Trade, particular is (b) General	on of DECEASED profession or sind of work	none	(duration) yrs. mos Q ds.
(c) Name of	of employer		(Secondary)
9 BIRTHPLAC	CE (city or towa)	rioll to	Did an operation precede death? Date of
ST II BIRTHE (State or	PLACE OF FATHER country) N NAME OF MOTHE	barriel,	Was there an autopsy (What test confirmed hagnosis) What test confirmed hagnosis) Signed) M. D. Address) Westurned Westur
() - 12 DIU I I I I	PLACE OF MOTHER country)	Strity or town of Co.,	*State the Disease Causing Death, or ia deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
(State or 14 Informan (Address) 15	Edgar J.	Lecodo	19 PLACE OF BURIAL, CREMATION OR RE- MOVAL Company Moval
Filed.		Registrar	Janly low Manly low M

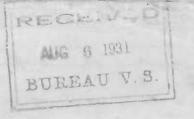
[Approved by U. S. Census and American Public Health Asso.]

especially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Autopation whatever, write None. business, that fact may be indicated thus: Farmer pation at beginning of illness. If retired from mobile factory. The material worked on may form Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, e. g., Farmer or Planter, Physician, Compositor, respective of age. the household only (not paid Housekeepers who Women at home, who are engaged in the duties of without more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. word or term on the first line will be sufficient, The question applies to each and every person, irhealthfulness of various pursuits can be known. occupation is very important, so that the relative ccupations of persons engaged in domestic server for wages, as Servant, Cook, Housemaid, etc. are should be taken to report specifically the ccount of the disease causing death, state occuthe occupation has been changed or given up on Statement of Occupation.—Precise statement of For many occupations a single Never return as Day

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name ori-

soned by carbolic acid—probably suicide. nature of the injury, as fracture of skull, dental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poi dations on statement of cause of death approved consequences (e.g., sepsis tetanus) may be stated sible to determine definitely. Examples: Acci-"Weakness," etc., when a definite disease can be mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Con-Medical Association. by Committee on Nomenclature of the American under the head of "Contributory." CIDAL HOMICIDAL, or as probably such, if impos-MEANS OF INJURY and qualify as ACCIDENTAL, SUItion was undertaken. For violent deaths state as "Puerperal septicemia," "Puerperal peritoni diseases resulting from child birth or miscarriage ascertained as the cause. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Colease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms stated unless important. ondary or intercurrent) interstitial nephritis, etc. ing cough, chronic valvular heart disease; Chronic mor" for malignant neoplasms); Measles; Whoop gin "Cancer" is less defin State cause for which surgical opera-Example: Measles (disaffection need not be The contributory (sec Always quality avoid use of "Tu (Recommen-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



11	sact	PLACE OF DEATH	08095 STATE OF MARYLAND
X	₹û	County Carroll	CERTIFICATE OF DEATH
4	7, P		(210) M Registration Dist. No.
RD	assifi te.	Village or City Mr. Mt aury (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is a stead of street and
0	y cl	2FULL NAME William O. A	yless number.)
0	stated E properly of certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	prof	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH July 19, 1931
AN	ay be	male Colored (Write the word) Widows	(Mouth) (Day) (Year)
N N	130	6 DATE OF BIRTH	HEREBY CERTIEN, That laxended the deceased seem
BI	E ch at it ns o	Lebrusauf S, 1856 (Mooth) (Day) (Year)	that I last saw h astern Dely 19, 1931
OR IS A	ACE o tha	7 AGE If LESS than	and that death occurred on the date stated above, atm,
T C	led.	75 yrs. 5 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
VEI -TH	term term	B OCCUPATION (a) Irade, profession or P	Cerident Occurred on highway
NK-AN	ly su ain t	particular kind of work The as her Mershan (b) General nature of industry	Goding from mt airy to Westminston fance
Di I	in a cr	business, or establishment in	miles morth of mt Durstion, near C. M. H. Regalist
N N	5 = E	which employed or (employer)	story bucornoll county, Three miles south of
NO	ATH mpo	9 BIRTHPLACE (State or country)	Jaylorente Cuyor Dugion) Jyro de
NFA NFA	DE DE	10 NAME OF DA DO	(Signed) C, M. Dan Tooly M. D
MA	CF S ve	FATHER Ruben Tyles	Sels 3/ 198 (Address) My lles Ma
OF LEVE	AUSE ON I	OF FATHER Z (State or country) Maryland	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
>,	mat O C	OF MOTHER ZINKNOWN	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
-	Cu	13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds, Stateyrsmosds
Ĺ,	T 50	(State or Country)	Where was disease contracted, it not at place of dea h?
(1)	of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
ITE	she	(Informant) Daisy M. Lyles	usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
WR	ANS atem	(Address) 27218 Washington St. Gatt galer	mtzin Cemetery July 22, 193.
-	CIAN States	15 July 2 2 1021 Of Mudes	20 UNDERTAKER
XT)	m	Filed Registras	H.M. Snyder Mt Wry M
5	ż	If more b.anks are needed, addre.s Ltate Registra	r, 18 W. Saratoga St., Bulko., Lequesting V. S. Ivo. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

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PLACE OF DEATH	08096 STATE OF MARYLAND
County arrall	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Sy Revolls (Nepting for 2FULL NAME Maggie M	(If death occurred to a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SET 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. WIDOWED. OR DIVORCED OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That i attended the deceased from 192 to 1927, 1987, that i last saw hell slive on Alley 4, 1981.
7 AGE If LESS than 1 day hrs. or min.?	
(a) Trade, profession or particular kind of work	Chalisactiles.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributor (Llolinal Obstrust
10 NAME OF FATHER THE REPLECE OF COUNTY	(Signed) March M. T /4 193/ (Address) Superville M
11 BIRTHELACE OF FATHER (State or country) Percusyluacian 12 MAIDEN NAME 12 MAIDEN NAME 13 BIRTHELACE OF FATHER (State or country)	*State the Disease Causing Seath, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, institutions, Trans
OF MOTHER PLANY ORACIA 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	ients or Recent Residents) At place
(Informant) Has Sulal Tecanis	Former of Baltano aust-Dall M
(Address) Le Riaville Pa	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
if more bianks are needed, address State Registra	ur, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Example I	Example II		
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Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	J'10 75 1927	Peritonitis	3 days ago
Other contributory causes of importance. Gallstones	Hay 1,1928	Other contributory causes of importance:	1 year
ADDITIONAL SPACE F	OR FULTH	ER STATEMENTS BY PHYSICIAN	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING V. S. No. 1

1. PLACE OF DEATH			TERTIFICATE OF DEATH	
County Carroll	//		Registration Dist. No.	
Village or City Sykesor	lle		No. Minafield State Nospital St., Wa death occurred in a hopital or institution, give its NAME instead of street and number)	
Length of residence in city or town where de			g. 9 ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Jacof Or	-		to ke)	
(a) Residence: No.			St., Ward. Baltimore, Md.	
	(Usual place		If nonresident give city or town and State	
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 162 (Year) (Year)	
HUSBAND of	- 1		22. O I HEREBY CERTIFY, That I attended deceased fr	
(61) 11112 01			June 7: 1927, 10 July 16 193	
b. DATE OF BIRTH (month, day, and year)	h- Unk.	- 1839.	i last saw h alive on July 152, 1931; death is s	
7. AGE Years Months	Days	if LESS than 1 day,hrs.	to have occurred on the date stated above, at. 5.15 A m.	
92 +	+	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(nknow)	n.		
9. Industry or business in which			General arterioselerosie	
work was done, as SILK MILL, SAW MILL, BANK, atc			Jim	
10. Data deceased last worked at this occupation (month and spant in this		me (years) nt in this	7.7.2	
yaar)	0000	ipation	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town)	and.			
			-	
	en vwn		None Name	
(State or country)			What test confirmed diagnosis? Hyere at & Laboratory Was there an autopsy? It	
15. MAIDEN NAME Linking	wn		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town)	ukuvu	n	Accident, suicide, or homicida? Data of injury 19	
(State or country)			Where did injury occur?	
17. INFORMANT Sungful a State Hospital (Ricorde) (Address) Superville Ma. 18. BURIAN, PREMATION, OR REMOVAL			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
			Manner of Injury	
or many constant	Date Mul	1:18193/	Nature of injury	
19. UNDERTAKER SETTING (Address) Balling	Webe	md.	24. Was disease or injury in any way related to occupation of deceased? No	
20. FILED 14/6, 1931 Of	assey,	Week.	(Signad) John Norfolk Mome M (Address) (S.S.H.) Syklwill, Md.	

ACAGR

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	7	Example II	
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 2003	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis The state of the state o	1921	Run over by street car	1 week ago
Corcbral hemorrhage	17 TO A 17 TO A	July 5, 1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farrer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation -- Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruut, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only Civil engineer, Stehonary fireman, etc. Physician, Compositor, Architect, et :.. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Wrs). Farm luborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as (b) For persons who have no occupation (not paid Housekeepers who receive a Automobile factory. The Salcsman, Locomolive engineer, But in many (6) material Grocery;

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebro-synnal meningitis"); Diphthevia (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," ; Johan pneumonia, Branchapmeumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases eausing (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as or intercurrent) Chronic Carcinoma, etc. The contributory affection need valvular heart disease; Nomenclature Sarcoma, Measles, not be etc., of

II.this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.... (If death occurred in Ward) a hospital or institution, give Its NAME irstend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OF RACE 5 SINGLE 16 DATE OF DEATH 3 SEX MARRIED, WIND OR DIVORCED (Write the word) HEREBY CENTIFY, That Louttended the deceased from 6 DATE OF BIRTH of I last saw h. Malive on (Month) and that death occured on the days stated IIILESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: O ds. or min.? torm BIOCCUPATION 00 (a) Trade, profession or particular kind of work C ⊗ a (b) General nature of industry business, or establishment in which employed or (employer) Contributory Secondary (State or country) mos. (Duration) 10 NAME OF FATHER 1-0 11 BIRTHPLACE deaths from Discase Causing Death, or, in OF FATHER RENT state (1) Means of Injury and (2) whether 00 Violent Caus s. (State or country) d state CAU Accidental, Spicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) In the 13 BIRTHPLACE At place State yrs OF MOTHER of death. (State or country) Where was disease contracted. T if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE of Former or usual residence .. (Informant) DATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address) DORE If mora blanks are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coul mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (c) nature of the business or industry, and therefore an sary to know (a) the kind of work and glso (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Houseleepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; if Civil ongineer. Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, etc., without more precise specification as For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Stelionary froman, etc. Locomotive engineer But in many (b) Grocery; materia

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Branchopneumonia ("Pneumonia";

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," ctc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease ".PUERPERAL septicaemia," "PUERPERAL perilonidis, inges, peritonaeum, etc., Carcinoma, (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptomcausing Whooping cough; Chronic vulvular heart Chronic interstitial nephritis, etc. The con use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin; "Cancer" is less definite; avoid If this certificate is "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, or intercurrent) affection need not be Committee on yer thoroughly and all questions Nomenclature The contributory Sarcoma,, etc., of disease; Measles ;

If this certificate is according over the correspondence. A the answered in detail, it will never that wither correspondence. A the data is essential and most be obtained before the certificate is permanently filed.

IARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

	STATE (OF MAR	YLAND-	CERTIFICATE	OF DEATH	08101
1. PLACE OF	F DEATH			(93-d)		4/
County Carroll			mm./	Registration Dist. No	74	
Village or C	Village or City Sykesville Spri:			ngfield State		St.,Ward
Length of resi	dence In city or town where	death occurred		f death occurred in a horpital or instit sds. How long in U.S.If		
2. FULL NAI	ME Cora	E. Reed				
(a) Residen	2 4 5 0 .	llins Av		ltimore, warMd.		
(a) Nesidelli	ce. 110	(Usual place		To String To 12 Males of T	If nonresident give city or	town and State
PERSON	AL AND STATIST	TICAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DE	EATH
3. SEX Female	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,		21. DATE OF DEATH July	(Month) (Day)	1931 (Year)	
5a. If married, widow HUSBAND of						
(or) WIFE of	Herbert R	eed		22. HEREBY CERTIFY, That I attended decessed for		
	Co	m+ 10 10	2770	June 19, 1929 to July 9, 1931 19 death is sa		
6. DATE OF BIRTH (month, day, and yeer) Se	Days	If LESS than			., 19; death is said
58		Days	1 dey,hrs.	to have occurred on the dete state The PRINCIPAL CAUSE OF DEA		ance
		11 7	ormin.	were as follows: Myocardit		Date of onset
8. Irede, profes	ssion, or particular vork done, es SPfNNER, BDDKKEEPER, etc	Housewi	fe	My ocal al a		
9 Industry or	business in which done, as SILK MILL, L, BANK, etc	110000011		-		
U ID. Dete decease	ed last worked at paties (month ald 1919	spe	ime (yeers) nt in this upation			
	0	,		Other Coatributory Causes of Imp	portance:	
12. BIRTHPLACE (cit (State or cour		a		Involucional	Melancholia	
	euben F. Ru					
14. BIRTHPLACE	(city or town) Penn	SATABILIA		Name of operetfon		
	ME Amelia L	evv		What test confirmed diegnosis? 23. If death was due to externel ce		
x				Accident, suicide, or homicide?		
O 16. BIRTHPLACE	(city or town) Lou country)	rarama		Where did Injury occur?	Dete of mju	19 15
17. INFORMANT Hospital Records			Specify whether injury occurred	(Specify city or town, cound in INDUSTRY, in HDME, or in P	ty and State) UBLIC PLACE,	
(Address)	-1100-DE 0074	0.01.02		•	•••••	
18. BURTAL, CREMATION, OR REMOVAL			Menner of Injury	•		
Mark Cl	ou l'asse	- Date / Edd	411., 19.31	Neture of injury		
19. UNDERTAKER	Weer Syles	How	Jus.	24. Wes disease or injury in eny	wey releted to occupation of dec	eased? NO
20. FILED	49,19310	Harry	Weed Registrar.	(Signed) John	L. Welher	ed M.D
-	76		11 C D	N. C. I. C. I. P. C.		

00101

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

S. No. 1

PLACE OF DEATH

Village or City Henryton, Md. (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

County Carroll Co. Tuberculosis Sanatorium

Colored Branch

Registration Dist. No. 74 St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-steed of street and

	FULL NAME Bernice Roberts	number.)
PER	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex Femal	e Colored Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	W July, 1, 1931 , 192 (Month) (Day) (Year)
6 DATE OF	Nov., 18, 1900 , 1 (Yea (Month) (Day) (If LESS to	I HEREBY CERTIFY, That I attended the deceased from Apr., 15, 1931e2 to July, 1, 1931e2, that I isst saw her alive on July, 1, 1931, 192, and that death occurred on the date stated above, at 4.05 Pm.
particular (b) Gener	30 yrs. 7 mos. 13 ds. or million, profession or kind of work Domestic al nature of industry or establishment in	Pulmonary Tuberculosis
9 BIRTHPLA (State o	NCE recountry) Washington, D.C.	Contributory Secondary (Diration) Oration Ora
OF F	Richard White HPLACE ATHER te or country) Washington, D.C.	(Signed) Henryton, Md. D. 7/1/31 192 (Address) Henryton, Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Sulcidal or Homleidal.
OF M	COTA Edwards HPLACE OTHER to or Country) Washington D.C	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place O yrs 2 mos 16 ds. In the 16 yrs 2 mos 16 ds.
(Inform	ve is true to the Best of Maryland Address Henryton, Maryland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	7/1/31 192 Just Olever Deputy Local Registrar	20 UN DERTAKER Con GALDRESS ADDRESS AD

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory affection valvular heart disease; need not be Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N.B.

PLACE OF DEATH County Carroll	OS103 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City New Wester Nowster 2FULL NAME Supare Rul	St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH	(Month) 3- (Day)/93/(Year)
(Month) (Day) , 1/3/ (Year)	that I last say her alive on July 4, 1981.
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(0-1 Jus) (Duration) Vis mos de,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yes de.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME () 12 MAIDEN NAME ()	(Signed) 1927 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Strike Statues 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transsients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19
15 Filed 9/30 131 Pay Jage	20 UNDERTAKER ADDRESS
If more banks are needed, addre s trate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Approved by U.S. Census and American Public Health Association.)

laborer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruam, Cook, ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a: the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor Architect, Locomotic engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a etc., report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day 6 Grocery,

Statement of Cause of Death—Name, first, the Disease Coursing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pheumonia"); Lobar pneumonia, Bronohopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Ethaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.) "Drongy, "E.:haustion," "Heart failure," "Haemorrhage, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heort disease, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

The child was buried July 5-Th 1931, Soman E. Klein Lean follow Int. City bods Reed 9/30/31- no livial permit rosind Ray Jagle Dep. Local Reg

1. PLACE OF DEATH	MAKILAND-	———	1
county Carroll		Registration Dist. No.	14
Village or City Lykesville Length of residence in city or town where deeth or	coursed 27 vs 9 mos	No. Mansfield Ital Architas St., f death occurred in a happilal or institution, give its NAME instead of street and s. / S ds. How long in U.S. if of foreign birth?	Ward aumber)
2. FULL NAME George W (a) Residence: No. Baltimo	. Russell m., Md., Usual place of abode)	St., Ward. If nonresident give city or town an	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. COLOR OR RACE 5. SI	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH July 2-4 4 (Month) (Day)	, t93 /
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —	, 4) 1812	22. I HEREBY CERTIFY. That I attended July 24: 19/5, to July 24:	d deceased from
6. DATE OF BIRTH (month, day, and yeak) 2 cm/k) (1 7. AGE Years Months 68 -	Deys If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 8 · P. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of ones
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	holsterer	Cerebral apoplesy	Inddes
SAW MILL, BANK, etc 10. Date deceased last worked at turk. this occupation (month and 1897 year) 12. BIRTHPLACE (city or town). Rattimore	11. Total time (years) spent in this Mukewwo	Other Contributory Causes of Importance:	Pronto
14. BIRTHPLACE (cily or town) unknown		Neme of operation None Date of	1916
		What test confirmed diagnosis? Physical Cryme v aymtoms . Wes there en	eutopsy?_ No
17. INFORMANT Springfield State Hos	nd.	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
Piece Don Carl Det	4.0.30 21	Menner of Injury	
19. UNDERTAKER Yell As (Address) Sykersyll	le mis.	24. Wes disease or Injury In any wey related to occupation of deceased? If so, specify (Signed) Artan Nortoth Morra	no
20. FILED SULY 24, 1961 Cha	Registrar.	(Signed) for mongon monde (Address) (S.O.N.) Systemille, Ma.	M. G

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Lay Jaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the to report specifically the occupations of persons enadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely. carbolic acid-probably suicide. as fracture of skull, and consequences (e.g., sepers, tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "PUERPERAL septioaemia," "PUERPERAL peritonitis," etc. atic), American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nophritis, Chronic The nature of the injury, valvular heart disease, etc. The contributory

V. S. No. 1

iten	sh	Jo)
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Item	ation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS sh	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact, statement of	
KECC	Y. PH	Exact,	
NEN	CTL	sified.	
EKMY	EXA	y class	te.
ISAL	stated	properl	10N is very important. See instructions on back of certificate.
TIS	pe	pe	o jo
	plnods	it may	n back
ING E	AGE	that i	tions of
NEAD	plied.	erms, se	instruc
H	dns	in te	See
WIL	fully	n pla	nt.
LY,	care	THI	ION is very important. See
LAIN	ald be	DE	ry im
4	shor	OF	s ve
KII	ntion	AUSI	ON
5	64		

	STATE	OF MARYLAND-	CERTIFICATE OF DEATH 0819	1
1. PLACE OF	F DEATH			
	arroll	••••	Registration Dist. No.	
Village or C	ity Sykesvil	le Spring	field State Hospital St.	Ward
Length of resi	dence in city or town where	e death occurredyrsmo	f death occurred in a horpital or institution, give its NAME instead of street and number) 38 ds. How long in U.S. if of foreign birth?	ds.
2. FULL NA	ME Charle	s Roland Smith		
(a) Residen	ce: No. 748 W	• Washington St. (Usual place of abode)	St., Ward. Hagerstown, Md. If nonresident give city or town and State	
PERSON	AL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	tilp. marand
Male Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Trice the word)	21. DATE OF DEATH July 27 (Month) 27 (Dey) 193 1	ar)
5e. If married, widow HUSBAND of (or) WIFE of	ed, or divorced	unknown	June 19, 1931 to July 27, 19.	31
	month, day, end year)	my 10, 1870	1 last saw h im alive on July 27, 19 31 death i	is said
7. AGE Yee 35	rs Months	Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	lan as as the t	Machinist's help	were as follows:	21
SAWYER,	BOOKKEEPER, etc	R. R. Shops		
10. Date decease this occur	L, BANK, etc ed last worked at	924 11. Total time (years) spant in this occupation		
12. BIRTHPLACE (cit (State or cour	y or town) Hage	rstown,	Other Contributory Causes of importance: Bulbar Paralysis 1081	day
	Samuel E. S	mith		
I 14. BIRTHPLACE	(011) 01 101111/	gerstown Md.	Name of operation Date of	
(State of			What test confirmed diagnosis? Was there an autopsy?_	
15. MAIDEN NAI 16. BIRTHPLACE (State or	(city or town)H	Randall agerstown,	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
	Hospital R	ecords, eld State Hosp.	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, OREMAN		Morte Mely 27,103/	Manner of injury	
19. UNDERTAKER (Address)	Fredrigers	Jan Many	24. Was disease or Injury In any way related to occupation of decessed?	
20, FILED	427,193/6	Harry Well	(Signed) John L. William d. (Address) Springfield State Hosp	.M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	cample I	and the same	Example II	
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG 7 1971	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HUHEAU V	July 5, 1927	Peritonitis	3 days ago
		7 }	•	14-
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis .	1 year
-				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH classified. Registration Dist. No. (If death occurred In Ward) a hospital or instituproperly clas tion, give its NAME it stend of street and number.) **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED q OR DIVORCED pino may Month) ...(Dav) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH, 192, 192, 192 that struction that I last saw h ____alive on _____, 192....., (Month) (Day) IIf LESS than 7 AGE Hday hrs. The CAUSE OF DEATH * was as follows: rms ds. or min.? 5 BOCCUPATION tel (a) Trade, profession or 20 particular kind of work carefully a (b) General nature of industry business, or establishment in Importa which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) Be EA. 10 NAME OF PA (Signed). FATHER 3 1 Shot E OF 1981. (Address) OF FATHER *State the Disease Causing Death, or, in CAUSE F violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. of Information (State or country) Ш 12 MAIDEN NAME Œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of deathyra.....moa.ds. In the OF MOTHER (State or Country) b Where was disease contracted, if not at place of death?..... shoul 14 THE ABOVE IS TRUEATO statement usual residence. (Informant) DATE OF BURIAL S EVELY If more branks are needed, address State Registrar, I W. Saratoga St., Balto., Requesting V. S. No. 1.

SERV

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-(a) Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronic affection need not be etc. valvular heart The contributory Always qualify all Measles ; disease;

RESERVED

ARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, tion applies to each and every person, irrespective of tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwork, or At Home, and children, not gainfully emnner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation But in many .," "Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Measles ;

3.	58	6. 7.	3. 58 6. 7. WOTHER FATHER 11. OCCUPATION 11. 15. 15. 15. 15. 15. 15. 15. 15. 15.	1 20
		certificate.	TION is very important. See instructions on back of certificate.	
Exact statement	lassified.	properly c	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	
PHYSICIANS	ACTL	stated EX	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	
RECORD. Every	MANENT	IS A PER	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	Z

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH (1810)
1. PLACE OF DEATH	87-2
County Carroll	Registration Dist. No. 74
/ Village or City Sykesville, md	ND. Apringfield State Hoofield. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME J. Moroland Thoma	
(a) Residence: No. (Usual place of abode)	St., Ward. Stages Sown, Md, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (cyrrice the word) Single Single, MARRIED, WIDOWED, OR DIVORCED (cyrrice the word)	21. DATE OF DEATH July 7 193/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
May the last	June 9th 1930, 10 July 2 24, 1931.
6. DATE OF BIRTH (month, day, and year) 700.	I last saw h Am alive on July 3 25 9 , 19 21; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 2. 25. 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
25 7 25 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Moyll SAWYER, BDRKEPER, etc.	Chronic Valvulas Heath 1931
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Disease-Endocardibis acrite
10. Date deceased last worked at this occupation (month and None year) spent in this None occupation.	
12 DIRTURI ACE (situations) Itagerstown	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) Many land	Spartie Diaplegia 1922
13. NAME Jacob M. Thomas 14. BIRTHPLACE (city or town) unknown	(Littles Divease)
4. BIRTHPLACE (city or town) unknown	Name of operation Date of
(State of country)	What test confirmed diagnosis? The wiest Labor Was there an autopsy?
15. MAIDEN NAME anna Cowland	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide?
(State or country) Waylend	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Springfield Stehe Horfital (Records) (Address) Sykleville, Wid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Total Daley 100 15	Nature of injury
19. UNDERTAKER L. K. Coffinan (Address) Fagustown Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Fully V 1931 astary Week	If so, specify John Norgock Morres M. D.
Registrar.	(Address) Control of the Control of

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	imple ECEIV		Example II	
The principal cause of death of importance were as follow Arteriosclerosis	and related causes	Date of onset	of importance were as follows:	
		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BUREATT	1921	Run over by street car	1 week ago
Corebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	And address of the state of the			
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11	4r U	ILL NAME Willia	am Warren	stead number
-	PERSO	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT
	sex Male	4 color or race Colored	SSINGLE. MARRIED. Marrie OR DIVORCED (Write the word)	d 16 DATE OF DEATH July I2, I93I. (Month) (Day)
	DATE OF BII		[B79, 1] (Yes	that I last saw h alive on 1/12/01
1810	occupation	52 yrs. 3	l day or m	in.?
		roression or	Tahamam	Pulmonary Tuberculosis
	b) General a cusiness, or o which employ	nd of work	Laborer ????	(Durstion) I yrs. 6
	b) General a	nd of worknature of industry establishment in yed or (employer) E puntry) Vi:	???? rginia	Contributory Secondary (Signed) (Durstion) yrs. 6
9	b) General actions of the control of	nd of work nature of industry establishment in yed or (employer) E puntry) Vi: Moses LACE HER	???? rginia Warren	(Durstion) I yrs. 6 Contributory Secondary (Signed) 7/12/31/192 (Address Henryton, Me
ARENTS	b) General actions of the control of	nd of work nature of industry establishment in yed or (employer) Fountry) Vi: MOSES LACE HER or country) Virginate N NAME	???? rginia Warren	(Signed) *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institute of Injury and Injury a
RENTS	b) General actions of the control of	nd of work nature of industry establishment in yed or (employer) E DUNTRY) Vi MOSES LACE HER OF COUNTRY) N NAME HER EMINA ELACE	???? rginia Warren nia Willings	Contributory Secondary (Signed) (Durstion) Jys. 6 (Durstion) Vis. 6

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process and minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. specifically the occupations of persons en-(6) For persons who have no occupation Automobile factory. The materia (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicacmia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease;

ESERV UNFADING MARGIN

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housetired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, etc., report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n.ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, etc. The Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; affection need Nomenclature of the contributory not be

1 PLACE OF DEATH	08112 STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
Mr. 1 05	Registration Dist. No. 76
Village or City Western Mo., RFO, 2 FULL NAME Saley Gerly	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tende White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw here alive on 195/,
7 AGE If LESS than 1 day, 3 hrs. OR min.?	and that death occurred on the date stated above, at Middle m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) Particular in the control of the c	(Burstlen) yrs mes ds. Contributory Secondary
1D NAME OF FATHER PECULOS Chiles 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Sigoed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABDVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth yrs. mes. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death?
(Interment) Newton White	Former or usual residence- 19 PLACE OF BURIAL OR REMOVAL DATE DE BURIAL 2 /
Filed 76, 193/ House State Project Page 15	n. Walter St. Ballo Poquesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomolive engineer, Civil For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of suicinal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles: Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably "Puerpenal perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anacmia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-(name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenpenal septichaemia," railway train-accident; Revolver wound of "Exhaustion,"

If this certificate is looked over thoroughly and all questions—mayored in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UG 6 1991 UREAU V. S

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County	Carroll Maryland Tuberculo (Colored Br	
/	City Henryton, (No.	St.: Ward) (If death occurred in a hospitel or institu-
PER	SONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
sex Femal	de Colored Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July, 22, 1931, 192 (Month), (Day), (Year)
6 DATE OF	Dec. 26 1909	17 I HEREBY CERTIFY, That 1 attended the decessed from apr., 14, 1931, 192 that 1 lest sew h. er alive on July, 22, 1931, 192
7 AGE	, 161	ESS than and that death occurred on the date stated above, at 2.30 Pm. ay hrs. The CAUSE OF DEATH * wes as follows:
particular (b) Generation business, which em	e, profession or hind of work Domestic ral nature of industry or establishment in aployed or (employer)	Pulmonary Tuberculosis (Durstion) 0 yrs 6 mos 0 ds. Contributory Secondary (Durstion) 775 mos ds.
OF F	HER John Winston HPLACE	(Signed) The One M. D. 7/22/31 192 (Address) Henryton, Nd
TI2 MAI	DEN NAME ROTHER Estelle Stewart	*State the Disease Causing Death, or, in deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transjents or Recent Residents)
OF M (Sta	THPLACE IOTHER tte or Country) Virginia	At place of death 0 yrs. 2 mos. 8 ds. In the State 2 lyrs. 6 mos. 26 ds.
(Inform	nant) Address) Henryton, Maryland.	Where was disease contracted, if not at place of death? Leeu 19 Kace of Durial Or Removal 19 Kace of Durial Or Removal 19 Kace of Burial Or Removal 19 Kace of Burial Or Removal 19 Kace of Burial Or Removal
Filed 7	Deputy Local Reg	Registrar, 16 W. Saretoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-(a) Foreman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); tetamus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Measles ;